

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - NON-EMERGENCY**

Date: February 1, 2021

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. CARE on Wheels, LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)  
126 WOODSIDE VILLAGE DRIVE, Rock Hill, SC 29730  
Street Address of Applicant  
\_\_\_\_\_  
Mailing Address of Applicant (if different from street address)  
803-524-0069  
Phone Fax  
shaderiafeely@gmail.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☐ Corporation - List names and addresses of two principal officers.

**RECEIVED**  
**FEB 04 2021**  
PSCSC  
Clerks Office

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="25,000"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text" value="3,500"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="2,100"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text" value="2,000"/>	<b>Total Liabilities</b>	<input type="text"/>
<b>Total Assets</b>	<input type="text" value="32,600"/>		

#### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 1.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

AMBULATORY	0-3 MILES	4-6 MILES	7-10 MILES	PER MILE AFTER 10
	\$11.00	\$16.00	\$21.00	\$3.00

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input checked="" type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input checked="" type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input checked="" type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
Infiniti	2006, QX56	5N3AA08C06N803146	5532	

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

SHADERIA FEELY

Name of Applicant

126 WOODSIDE VILLAGE DRIVE

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ \$6396

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	1,000

PROGRESSIVE NORTHERN INSURANCE COMPANY

Name of Insurance Company

6300 WILSON MILLS ROAD, MAYFIELD VILLAGE, OH 44143

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

WILLIAMS INS SERVICE  
PO BOX 36095  
ROCK HILL, SC 29732



Shaderia Feely  
126 WOODSIDE VILLAGE DR  
ROCK HILL, SC 29730

Underwritten by:  
Progressive Northern Insurance Co  
January 14, 2021  
Policy Period: Jan 14, 2021 - Jan 14, 2022  
Page 1 of 3  
Customer Phone number: 1-803-524-0069

## Commercial Auto Insurance Quote

Thank you for contacting me about your auto insurance needs. I am pleased to provide you with a quote from Progressive Northern Insurance Co, a company that offers competitive rates and many outstanding services. Progressive gives you access to your policy information through progressiveagent.com, your customized website. Claims service is available 24 hours a day, 7 days a week.

### Policy information

Business: Black Car

### Quote for 12 month policy period

If you pay your premium in full, you will receive a discount as shown.

Total policy premium	\$6,396.00
Paid in full discount	-947.00
Policy premium if paid in full	\$5,449.00

### Payment plans

**Electronic Funds Transfer (EFT)** assures that your payment is on time. Each payment includes a \$3.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
11 Payments, 9.09% Down	\$6,396.00	\$583.22	9 payments of \$584.28 and 1 of \$584.26
10 Payments, 10.0% Down	\$6,396.00	\$641.40	9 payments of \$642.40
11 Payments, 12.50% Down	\$6,396.00	\$801.25	9 payments of \$562.48 and 1 of \$562.43
11 Payments, 16.67% Down	\$6,396.00	\$1,067.88	9 payments of \$535.82 and 1 of \$535.74
10 Payments, 20.0% Down	\$6,396.00	\$1,280.80	8 payments of \$571.36 and 1 of \$571.32
6 Pay, Seasonal, 20.0% Down	\$6,396.00	\$1,280.80	5 payments of \$1,026.04
10 Payments, 25.0% Down	\$6,396.00	\$1,600.50	8 payments of \$535.84 and 1 of \$535.78
4 Pay, Seasonal, 25.0% Down	\$6,396.00	\$1,600.50	3 payments of \$1,601.50
2 Payments, 50.0% Down	\$6,396.00	\$3,199.00	1 payments of \$3,200.00

**Make payments by mail** or at progressiveagent.com. Each payment includes a \$6.00 installment fee.

Payment plan	Total premium	Initial payment	Payments
1 Payment	\$5,449.00	\$5,449.00	None
11 Payments, 9.09% Down	\$6,411.00	\$584.58	9 payments of \$588.65 and 1 of \$588.57
10 Payments, 10.0% Down	\$6,411.00	\$642.90	9 payments of \$646.90
11 Payments, 12.50% Down	\$6,411.00	\$803.13	9 payments of \$566.79 and 1 of \$566.76
11 Payments, 16.67% Down	\$6,411.00	\$1,070.38	9 payments of \$540.07 and 1 of \$539.99
11 Payments, 20.0% Down	\$6,411.00	\$1,283.80	10 payments of \$518.72
10 Payments, 20.0% Down	\$6,411.00	\$1,283.80	8 payments of \$575.69 and 1 of \$575.68
6 Pay, Seasonal, 20.0% Down	\$6,411.00	\$1,283.80	5 payments of \$1,031.44

10 Payments, 25.0% Down	\$6,411.00	\$1,604.25	8 payments of \$540.09 and 1 of \$540.03
4 Pay, Seasonal, 25.0% Down	\$6,411.00	\$1,604.25	3 payments of \$1,608.25
4 Pay, Quarterly, 25.0% Down	\$6,411.00	\$1,604.25	3 payments of \$1,608.25
2 Payments, 50.0% Down	\$6,411.00	\$3,206.50	1 payment of \$3,210.50
Outside Premium Financing	\$6,411.00	\$6,411.00	None

**To purchase insurance**

Please review the information on your quote for accuracy; incomplete and inaccurate information could affect your rate. These rates are subject to verification of information. If you have any questions or would like to purchase a Progressive policy, please call me at **1-803-366-2140**. Your coverage will begin once your initial payment has been received. Thanks again for the opportunity to work with you.

**Rated drivers**

The insured declares that no persons other than those listed in this application are expected to operate, even occasionally, the vehicle(s) described in this application.

Name	Date of Birth	Points	Additional information
Shaderia Feely	09/27/1980	0	

**Outline of coverage**

Description	Limits	Deductible	Premium
Liability To Others			\$5,196
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Uninsured Motorist			410
Bodily Injury	\$500,000 combined single limit		
Underinsured Motorist			505
Bodily Injury	\$500,000 combined single limit		
Property Damage	(included in combined single limit)	\$0	
Medical Payments	\$1,000 each person		54
Comprehensive			41
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			131
See Auto Coverage Schedule	Limit of liability less deductible		
Rental Reimbursement			57
See Auto Coverage Schedule			
<b>Subtotal policy premium</b>			<b>\$6,394</b>
UM Fund Fee			2
<b>Total 12 month policy premium and fees</b>			<b>\$6,396</b>

## Auto coverage schedule

1. **2006 INFINITI QX56** Stated Amount: \* \$5,000 (including Permanently Attached Equip)  
VIN: **5N3AA08C06N803146** Garaging Zip Code: 29730 Radius: 50 miles  
Personal use: Y Body type: Sport Utility Vehicle

Liability Premium	Liability Premium	UM Premium	UIM Premium	Med Pay Premium	
	\$5196	\$410	\$505	\$54	
Physical Damage Premium	Comp/Glass Deductible	Comp/Glass Premium	Collision Deductible	Collision Premium	
	\$1,000/\$0	\$41	\$1,000	\$131	
Other Coverages Premium	Rental Limit	Rental Premium			Auto Total
	\$40 per day Max \$1,200	\$57			<b>\$6,394</b>

\*A vehicle's stated amount should indicate its current retail value, including any special or permanently attached equipment. In the event of a total loss, the maximum amount payable is the lesser of the Stated Amount or Actual Cash Value, less deductible. Be sure to check stated amount at every renewal in order to receive the best value from your Progressive Commercial Auto policy.

## Premium discount

Policy

Electronic Funds Transfer

Form QUOTE (03/17)



**Exhibit Fit, Willing, and Able (FWA)**

SHADERIA FEELY

Name

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1. Is there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

SHADERIA FEELY

Applicant's Signature

OWNER

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )  
COUNTY OF York )

SWORN TO BEFORE ME

This 1 day of February, 2021

Robbie R. Crockett  
Notary Public

Commission Expires My commission expires  
September 24, 2024

# *The State of South Carolina*



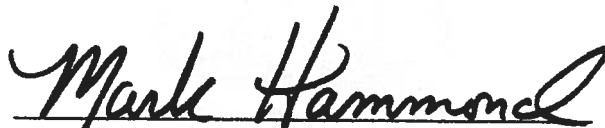
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:**

CARE on Wheels, LLC, a limited liability company duly organized under the laws of the State of South Carolina on August 12th, 2020, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal  
of the State of South Carolina this 14th day  
of January, 2021.

  
Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

Filing ID: 200911-1630066

Filing Date: 09/11/2020

Jan 14 2021

REFERENCE ID: 686260

**STATE OF SOUTH CAROLINA**

**SECRETARY OF STATE**

**AMENDED ARTICLES OF ORGANIZATION  
LIMITED LIABILITY COMPANY -DOMESTIC**

  
SECRETARY OF STATE OF SOUTH CAROLINA

Pursuant to the 1976 S.C. Code of Laws, as amended, Section 33-44-204(a), the undersigned limited liability company adopts the following amended articles of organization:

1. The name of the limited liability company is:

K & K Personal Learning & Consulting, LLC

2. The date the articles of organization were filed is 08/12/2020.

3. The articles of organization are amended in the following respects, of which all amended provisions may lawfully be included in the articles of organization. If the space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph on this form.

Amended Entity Name: CARE on Wheels, LLC

Signature: Signed as Authorized Signature: Shaderia Feely

Capacity/Position of Person Signing (you must check one box):

☒ Manager ☐ Member ☐ Organizer

☐ Fiduciary ☐ Attorney-in-Fact

Shaderia Feely

(Print or Type Name)

Date: 09/11/2020